## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 1. TITLE OF NEWSPAPER 2. DATE Bridge Vater Iribune

3A. NO. OF ISSUES PUBLISHED ANNUALLY 3. FREQUENCY OF ISSUE 3B. ANNUAL SUBSCRIPTION PRICE \$ 26.41/4 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) Weekly (Not printers) PUBLISHER (Not printers) Bridgewater, Ac Got, South Dakota 57319-0250 PO BOX 250. 6. FULL NAME OF PUBLISHER: 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. **FULL NAME COMPLETE MAILING ADDRESS** KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. Vone **AVERAGE NO. COPIES ACTUAL NO. COPIES EACH** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED ISSUED PRECEDING 12** NEAREST TO FILING DATE **MONTHS** A.TOTAL NO. COPIES (Net Press Run) 540 500 **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors and 13 counter sales. 2. Mail Subscription 285 (Paid and or requested) C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS 51 2. SAMPLES, COMPLIMENTARY AND OTHER FREE **COPIES** 344 349 E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) F. COPIES NOT DISTRIBUTED 191 156 1. Office use, left over, unaccounted, spoiled after printing 2. Return from News Agents G.TOTAL (Sum of E, F1 and F2 - Should equal net press run 540 500 shown in A) Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: Sworn to before me this 21 day of November, 2013 State of South Dakota County of McCon My commission expires:

Form: SOS R